International Women's Day 2017
Women in the Changing World of Work: Planet 50-50 by 2030

Women's access to social protection in health: Leave no woman behind!

Social protection constitutes a broad concept encompassing all governmental measures to achieve the universalization of priority services and benefits, such as housing, work, education, pensions, and health care.[1] Social protection in health is considered the guarantee that all individuals and communities can satisfy their health needs and demands, without their ability to pay being a limiting factor, approaching health as a fundamental right and a requirement for human and social development.

Within the framework of reforming the social protection system, different (contributory and noncontributory) schemes for social protection in health have been developed, such as social security, microinsurance (community health insurance), targeted plans for social protection in health, and conditional transfer programs, with significant differences in access for women and men. The conditions under which women join the formal and informal sectors of the labor market determine their opportunities to benefit from social protection in health schemes, with different implications for access and out-of-pocket expenditure.

Women generally find themselves excluded from social security due to the fact that more of them are in low-productivity informal sectors of the labor market – a situation that limits their autonomy and empowerment. Moreover, microinsurance policies or community health insurance tend to not include sexual and reproductive health services; social protection in health plans give priority to maternal and child health services and do not cover the entire range of women's comprehensive health needs; and conditional transfer programs do not target women in their own right, but rather as the persons responsible for the care of children and adolescents, perpetuating women's traditional roles.

Furthermore, women tend to pay more out-of-pocket, due to specific health care needs that are not covered by social protection in health, as well as the access barriers they face.

The different situations and conditions that women face must be at the center of policy debate and design in the field of social protection in health, in the design of health insurance schemes, in the organization of health care systems and services, and in pension and retirement plans.

Key issues

1. Women have fewer opportunities to access contributory health protection systems due to the limitations they face in the labor market

Gender-based inequalities are rooted in the sexual division of labor: women do most of the unpaid work in the home, which limits their time and opportunities to access the labor market, jobs in the formal

[1] PAHO, 2013, Concept paper on Social Health Protection (CE152/12).

sector, pension and retirement benefits, and better wages. Due to their reproductive role, many women have no choice but to either leave the labor market or limit their options for higher-level jobs.[2]

- In 2014, women's participation rate in the urban labor market was 53% (compared to 77% for men – a 24-point gap); in rural areas, the percentage of women in the labor market was 45% (compared to 84% for men – a 39-point gap).[3]

- Of women who work, 79% are in low-productivity sectors, characterized by precariousness and instability, and without social security.[4]

- Women's wages are 83.9% of what men receive.[5]

- One out of three women over 15 years of age who are not full-time students do not have their own income (28.9%), whereas for men this figure is one out of ten (12.5%).[6]

  Consequently, women are overrepresented in households in situations of poverty: between 2002 and 2014, the femininity index of poverty[7] rose 11 points, from 107 to 118.[8] In poor households, this index rose 12 points during the same period, reaching 122.[9]

2. The unpaid workload of caregivers is a major factor limiting job opportunities for women

The demand for this kind of work is growing due to the higher prevalence of chronic degenerative diseases related (although not exclusively) to population aging.

- Women do between 71% and 86% of all unpaid work in the home,[10] with even greater burden in poor households.[11]

[2] ECLACSTAT: Informal or low-productivity sectors are defined as sectors that are precarious in terms of salaries, duration, social security, etc. A worker is considered to be part of the low-productivity (informal) sector if she is either an employer or wage-earner (with or without professional or technical qualifications) working in a company having up to 5 employees (micro-enterprise), or employed in domestic work, or an unskilled independent worker (self-employed and unpaid family members without professional or technical qualifications).
[3] ECLAC, 2016, Equality and Women's Autonomy in the Sustainable Development Agenda, figure II.19.
[4] ECLAC, ibid., pp. 69 and 70.
[5] ECLAC, ibid., figure II.15. Average income of urban wage-earning women and men aged 20 to 49 doing paid work for 35 hours a week or more; weighted average of 18 countries in the region.
[6] ECLAC, ibid., figure II.1 (average of 18 Latin American countries in 2014).
[7] Number of poor women aged 20 to 59 per 100 poor men in the same age group.
[8] ECLAC, 2016, Equality and Women's Autonomy in the Sustainable Development Agenda, figure II.2.
[9] ECLAC, ibid., p. 43.
[10] ECLACSTAT: Unpaid work refers to work that is done without any payment, mostly in the private sphere. It is measured by quantifying the time that a person devotes to working on self-consumed goods, household tasks, and unpaid care, either for the worker's own household or to assist other households.
[11] ECLAC, 2016, Equality and Women's Autonomy in the Sustainable Development Agenda, p. 62.

3. Women's working conditions limit their access to pension and retirement plans with health coverage

Women have a higher life expectancy at birth, with a higher prevalence of disabilities, while also having less coverage from pension and retirement programs. This puts them in a situation of greater vulnerability in terms of access to health services, with a negative impact on their health and/or greater risk of incurring expenses:

- In 10 countries where there is data available (2014), the percentage of women 65 years or older who receive some kind of retirement or pension in urban areas is 51.5%; for men, it is 63.5%.[12]

- Inequalities between countries in accessing pensions and retirement is striking: in the 16 countries where there is data, women's access rate ranges from 11% to 92%; in the case of men, from 16% to 95% (considering contributory and non-contributory retirement and pensions).[13]

4. Women pay more out-of-pocket expenses

Out-of-pocket expenditure is higher for women, both in absolute and relative terms.

- In most countries, the uninsured have to pay for health services out of pocket. This is known to be the most regressive way of financing the health system, with the most adverse impact on women.[14]

- Due to women's greater need for health services because of their reproductive role and their longevity, private insurers apply higher premiums and copayments to women than to men, although women have a lower capacity to pay.

Call for action to overcome barriers to accessing social protection in health, within the framework of social protection system reform

Social health protection policies must be based on the right to health, addressing and responding to the specific needs of women's different situations. Within the framework of social protection system reform, the following recommendations are made:

- Avoid linking access to social protection in health schemes to formal employment or contributory schemes.

[12] ECLAC, 2016, The Social Inequality Matrix in Latin America: First Meeting of the Presiding Officers of the Regional Conference on Social Development in Latin America and the Caribbean, figure III.8.
[13] ECLAC, 2016, Equality and Women's Autonomy in the Sustainable Development Agenda, figure II.18.
[14] PAHO/WHO, 2002, Health in the Americas, vol. I.

- Increase and improve health insurance coverage, with equity, efficiency, and sustainability, promoting the elimination of direct payment at the point of access to health services, as well as eliminating additional payments by women due to their reproductive role.

- Offer comprehensive health services for women in basic services schemes—in addition to sexual and reproductive health care.

- Develop social policies that address the issue of unpaid care in the home, without perpetuating the role of women as caregivers. It is necessary to seek a fair distribution of labor among the state, the community, the private sector, and households—and within households, between men and women.